



STATE OF GEORGIA

Department of Revenue

Sales and Use Tax Division

1800 Century Boulevard, NE, Ste. 15311

Atlanta, Georgia 30345-3205

Telephone: (404) 417-6649 Fax Form to: (404) 962-4053

APPLICATION FOR CERTIFICATE OF EXEMPTION PRODUCTION EQUIPMENT OR SERVICES FOR FILM PRODUCERS OR FILM PRODUCTION COMPANIES

1. Title of Project _____ Producer _____
2. Production Company _____ FEI# _____
3. Mailing Address _____, (State) _____ (Zip) _____
4. Business or Shoot Location _____, Georgia, (Zip) _____
5. Primary Contact Person _____ Phone (____) _____ Fax (____) _____
6. E-Mail Address: _____
7. Project Type _____ Estimated Budget _____ Shoot Dates: From _____ To _____
(Feature Film, Commercial, Documentary, TV Series, etc.)
8. Project's Intended Geographic Distribution _____ Distribution Format _____
9. Will equipment be: ☐ Purchased ☐ Leased or Rented ☐ or Both
10. Anticipated date purchases, rentals or leases will begin: _____, be completed: _____.
11. List the anticipated type of equipment and purchase price for which exemption is claimed. Attach schedule if needed.

Equipment

Purchase Price

Attach separate equipment list if needed.

The undersigned hereby certifies that purchases or leases of production equipment or production services for exclusive use in this state qualifies based upon the exemption provisions of O.C.G.A. § 48-8-3(73). A copy of the certification issued by the Georgia Film, Video & Music Office of the Department of Economic Development must accompany this application in order for it to be valid.

GEORGIA CERTIFICATE OF REGISTRATION NO. _____ DATE _____

(IF APPLICABLE)

SIGNATURE _____ TITLE _____

APPLICATION INSTRUCTIONS

1. Provide the title of the film or video project and the producer's name.
2. Provide the legal name of the production company and the Federal Employer Identification Number
3. Provide the mailing street address, city, state, zip code, and telephone number of the production company.
4. Provide the Georgia address information for the company or shoot location.
5. Provide the name, telephone number, and e-mail address of the production company's primary contact person.
6. Provide the contact e-mail address.
7. Provide the type of production project (Feature Film, Commercial, TV Series, etc.).
8. Provide the production's intended geographic distribution area (International, Nationwide, or Georgia).
9. Provide the intended type of distribution format (VHS, BETA, DVD, Film, etc).
10. Check the type of equipment under which this application is being submitted (Purchase, Rented, Leased or All). Leases are rentals that exceed 30 days.
11. Provide a range of anticipated dates the equipment will be purchased, rented or leased.
12. List the anticipated equipment and purchase price for which this application is being submitted.

This application must be submitted to the Georgia Film, Video & Music Office at Suite 1200, 75 Fifth Street, NW, Atlanta, GA 30308 OR FAX to (404) 962-4053 for certification of the film or video project. Upon the projects certification, the application and certification will be forwarded by the Georgia Film, Video & Music Office to the Georgia Department of Revenue for consideration and issuance of a Certificate of Exemption, Form ST-PE2, for the qualifying equipment requested under this application.